

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/640318	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		3					56						
7		3	12				57						
8		3					58						
9		3					59						
10		3					60						
11		3	12				61						
12		1					62						
13		1					63						
14		3					64						
15		3					65						
16		3					66						
17		3	12				67						
18	1						68						
19		1					69						
20		1					70						
21		3					71						
22		3					72						
23		3					73						
24		3	12				74						
25		3					75						
26		3					76						
27		3					77						
28		3	12				78						
29		1					79						
30		1					80						
31		3	3				81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	71						TOTAL DEP.						
TOTAL CLAIMS	74						TOTAL CLAIMS						